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1653

Docket No.: 01034/100F810-US2  
(PATENT)

In re Patent Application of:  
Peter H. St. George-Hyslop et al.

Application No.: 10/071,900

Confirmation No.: 2710

Filed: February 8, 2002

Art Unit: 1653

For: ALZHEIMER'S RELATED PROTEINS AND  
METHODS OF USE

Examiner: K. C. Carlson

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

## INTRODUCTORY COMMENTS

This amendment is in response to the Final Office Action dated January 13, 2005.

Please amend the above-identified U.S. patent application as follows:

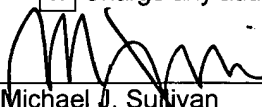
**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

03/15/2005 HALI11 00000059 10071900

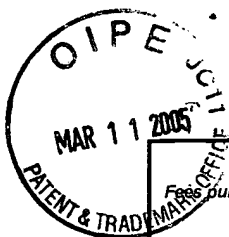
01 FC:1201	200.00 OP
02 FC:1202	350.00 OP



AMENDMENT TRANSMITTAL LETTER				Docket No. 01034/100F810-US2	
Application No. 10/071,900-Conf. #2710	Filing Date February 8, 2002	Examiner K. C. Carlson	Art Unit 1653		
Applicant(s): Peter H. St. George-Hyslop et al.					
Invention: ALZHEIMER'S RELATED PROTEINS AND METHODS OF USE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	31	- 24 =	7	x 50.00	350.00
<b>Independent Claims</b>	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>550.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 550.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michael J. Sullivan Attorney Reg. No.: 54,479				Dated: March 11, 2005	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7766					

Express Mail Label No.

Dated: \_\_\_\_\_



<b>Effective on 12/08/2004.</b> <b>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/071,900-Conf. #2710
		Filing Date	February 8, 2002
		First Named Inventor	Peter H. St. George-Hyslop
		Examiner Name	K. C. Carlson
		Art Unit	1653
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	01034/100F810-US2	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 550.00		

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
31 - 24 = 7		x	50.00	=	350.00		
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
4 - 3 = 1		x	200.00	=	200.00		
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>			<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____ - 100 = _____	/50	(round up to a whole number) x _____			=		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): _____							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	54,479
Name (Print/Type)	Michael J. Sullivan	Telephone	(212) 527-7700
		Date	March 11, 2005

Attorney Docket No.: 01034/100F810-US2

# Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. \_\_\_\_\_ in an envelope addressed to: \_\_\_\_\_

FB33 0172055 - US

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 11, 2005  
Date

*Lillian Garcia*  
Signature

*Lillian Garcia*  
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

**Note:** Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1pg)  
Amendment (10 pgs)  
Amendment Transmittal (1 page)  
Check # 7920 in the amount of \$550.00  
Return receipt postcard